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Prevention

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Introduction

The objective of this research project is to determine the effect(s) of increasing fruit and vegetable intake on oxidative DNA base damage and lipid peroxidation in a population of women at elevated risk for breast cancer. The rationale that underlies the work proposed is based on evidence that the occurrence of DNA mutations are essential steps in carcinogenesis and that these mutagenic events can result from oxidative stress, even in the absence of exogenous carcinogens. The effects of consuming a recipe-defined diet designed to provide three (control) or ten (intervention) servings of fruits and vegetables per day for a period of 8 weeks on measures of oxidative damage to DNA and lipids is being determined. Urine and blood components are being assessed for oxidative endpoints and plasma is being evaluated for biochemical markers of edible plant consumption.

Body

1. Approved Statement of Work

During the negotiations involved in the award of this grant, reductions in the scope of the originally proposed work plan were implemented based on the review group's critique of the application. Accompanying reductions in the budget were also made. The final approved Statement of Work is as follows:

To test whether an increase in consumption of fruits and vegetables will decrease indicators of oxidative cellular damage in women at high risk for breast cancer occurrence or reoccurrence.

- a. Initiate recruitment 2 months prior to initiation of a study group into the investigation (2 months).
- b. Conduct intervention (two-week run in and 8 week intervention) in a total of 2 study groups (50 subjects, 25/group) (2.5 months).
- c. Perform laboratory analyses (6 months for a study group of 50 subjects).
- d. Evaluate results (2 month per study group).
- e. Repeat steps a-d an additional three times (Years 1-3). We anticipate that recruitment will be completed during year three, and that laboratory and statistical analyses will continue throughout the project.
- f. Summarize results and write reports and manuscripts (Years 1-3).

2. Project Initiation

As noted in the original application, this project was based on pilot work in which we studied the effects of a two-week recipe defined diet on oxidative markers. Upon commencement of work on this project, a multi-pronged plan of attack was implemented. Its elements included: 1) modification of the recipe-defined menus for use in an 8-week intervention study; 2) development and testing of intervention materials; and 3) further evaluation of the candidate oxidative markers. Progress on each area is reported in subsequent sections of this report.

3. Modification of the Recipe Defined Menus

a. Focus group analysis of two-week dietary intervention program

Subjects that had participated in previous two-week dietary intervention studies were invited to attend focus group meetings to elicit their comments and suggestions on the menus, recipes, and other aspects of the dietary intervention in which they had participated. Open-ended questions were used to promote discussion of the aspects of the two-week dietary intervention that needed to be changed if subjects were to follow the intervention for a period of 8 weeks. The following barriers were identified: 1) the amount of time required for "in home" meal preparation including the weighing of all food items, i.e. lack of convenience, 2) difficulty of eating meals out of home, 3) inability to follow the diet while traveling and during normal business activities,

e.g. business lunches and dinners, 4) exclusion of "favorite foods", 5) meal repetition, 6) limitations on the consumption of alcoholic beverages, 7) prohibition of nutritional supplement use.

b. Modification of the dietary intervention program

Based on the results of the focus groups, the project staff defined four elements of the intervention program for discussion and analysis. They were: convenience, flexibility, choice, limitations.

Convenience

The primary barrier identified in the focus groups was lack of convenience. To address this issue several strategies were evaluated. They included: 1) the use of convenience foods that could be purchased from local grocery stores, 2) the use of a feeding study approach in which the majority of the meals would be provided to subjects, 3) the identification of the amounts and types of vegetables and fruit to be consumed each day without further specification of foods to be eaten, 4) the development of convenience foods for use in the study. Given the significance of this barrier, considerable time and effort was committed to evaluating these alternatives. The results of those deliberations can be summarized as follows.

The use of convenience foods that could be purchased from local grocery stores This approach is deemed to have considerable merit relative to the ultimate translatability of the intervention strategy to large segments of the population. However, the majority of the convenience foods provided as meals contain limited amounts of vegetables and almost no fruit, the variety of vegetables and fruit are limited, and such products are expensive, can be high in calories, and their quality control is unknown. For these reasons, this approach was not further pursued.

The use of a feeding study approach in which the majority of the meals would be provided to subjects This approach was deemed desirable because of the control that it would provide of the foods consumed. However, this approach has shortcomings for this study population. The population has a mean age of 48, and the majority of women are employed full time. This approach would be likely to exclude the possibility of many women to participate, and they would not learn the skills necessary to translate the principles of the intervention into their daily lives. This intervention would also be expensive to implement. For these reasons, this approach was not further pursued.

The identification of the amounts and types of vegetables and fruit to be consumed each day without further specification of foods to be eaten. Ultimately, this approach may offer the greatest opportunity for translation; however, at this stage of hypothesis testing, the loss of control over other aspects of the diet that is inherent in this approach was considered unacceptable. For this reason, this approach was not further pursued.

The development of convenience foods for use in the study. This approach was considered to offer the greatest opportunity for successful implementation because it would allow the use of many of the recipes developed for the original diet while keeping most elements of the menu plan intact. Moreover, this approach also addressed the concerns identified when the use of convenience foods was considered (see above). To pursue this approach, local grocery chains that prepare entrees on site were identified and discussions of interest and feasibility were initiated. The Wild Oats foodchain expressed interest and had staff that were headed by a certified chef with considerable experience in the conversion of recipes for individuals for quantity production. For reasons of feasibility, the ability to prepare all recipes and provide them in a "frozen format" was deemed essential. Further aspects of this activity are presented under "Intervention material development and testing".

The other major change made was to switch from the use of scales to weigh all foods to the use of standard household measures, i.e. cups.

Flexibility

In our analysis of the focus group data, a number of barriers identified were related to the lack of flexibility in the ability to accommodate business activities, trips, and other personal activities, all of which necessitate the

eating of meals out of the home environment. Further discussions with former study participants indicated that one solution that would address this situation would be to allow two meals per week to be "free meals", i.e. not prescribed by the menu plan. It was decided that this approach should be incorporated into the dietary intervention plan. However, we decided that at this stage of hypothesis testing, that the need for out-of-town travel for more than two days during the intervention would serve as a basis for non inclusion in the study. However, it was also agreed that this decision be regularly scrutinized.

Choice

Suggestions for the incorporation of new food items into the diet were considered in conjunction with the repetitive use of certain food items. Menus were modified accordingly. For example, there was considerable interest in the inclusion of chocolate which was added in equal amounts to both the low and high vegetable and fruit diets. However, the decision to use a two week menu plan which repeated 4 times was considered important to hypothesis testing and this element of experimental design was retained.

Limitations

In concert with the focus group results, we decided to permit the consumption of red wine (or grape juice) on a daily basis. However, given the fact that the menu plan met or exceeded the RDA's for all nutrients, we affirmed the decision to require that participants refrain for taking vitamin and mineral supplements.

4. Development and evaluation of modified dietary intervention

a. Development of intervention materials

In order to incorporate the use of our previously developed recipes for provision in frozen form by a local grocery chain, the following process was used. The menu plan was reviewed for recipes that would be satisfactory when frozen. Our goal was to identify about one-half the food selections that could be provided to study participants in a convenience format. Once this task was successfully completed, the following approach was used for quantity food preparation:

- 1. Convert recipe from gram weights to cup measures
- 2. Resize recipes (now in cup measures) from 4 servings to 50 servings
- 3. Determine serving sizes for 4 calorie levels for each recipe
- 4. Wild Oats tests recipes at food service quantity portions (50 servings)
- 5. "Focus group" taste tests
- 6. Recipe revision, as needed (needed to adjust spices alot of times)
- 7. Wild Oats retesting of recipes, as needed

The cook book which is the primary intervention tool and that is specifically tailored to each individual's caloric requirements was then completely revised to reflect these changes. An example of one day's menu is Appendix A.

b. Evaluation of the modified intervention

In order to evaluate the suitability and feasibility of the modified menu plan, 40 subjects were recruited and randomly assigned to either the low or high vegetable and fruit intervention groups. The primary goal was for study participants to identify problems in the menus and intervention approach that would inhibit their ability to follow the menu plan for a total of eight weeks. The questionnaire that is Appendix B was developed and used as a component of the analysis plan.

Thirty-five subjects completed the study. The evaluation of study results is broken into the four areas that we outlined in our effort to overcome initially identified barriers.

Convenience

The use of the local grocery store to provide frozen entrée's was deemed highly desirable by study participants. Subjects were able to successfully obtain all entrees on a weekly basis without significant problems. No confusion of foods between the two study groups occurred. Moreover, the grocery store personnel found that

the system worked well, did not disrupt their normal activities, and the management and staff were excited to participate in the project.

Flexibility Subjects indicated that the ability to have two "free meals" a week provided adequate flexibility such that longer term adherence to the menu plan would be possible.

Choice

Relative to the acceptability of food items and the variety of foods in the menus, significant and extensive feedback was obtained. The net effect of the feedback was that the cookbook still required substantial modifications. As discussed below, these modifications were implemented and evaluated in a subsequent focus group.

Limitations

The ability to consume a glass of wine or grape juice was considered acceptable by the majority of study participants. It was determined that extensive discussion of the nutritional adequacy of diets addressed the majority of concerns about the use of supplements was satisfied. However, it was also determined that because of the health opinions of some individuals, that prohibition of supplement use is a key issue to discuss during subject recruitment.

c. Further modification of the intervention cookbook

Key issues that were identified were the need for modification of the recipes for the "convenience entrees", and the need for greater variation of and flexibility in the selection of foods to avoid dropout during an eight week intervention. Based on the suggestions obtained, recipes were modified and retested, and a new approach to increase flexibility was developed. In order to increase food choices, we used the principle that has been an underlying guide to vegetable and fruit selection for the menu plan, i.e. that food items from the same botanical family generally have more similar chemical composition than those in different botanical families. An exchange list for the "non grocery store supplied convenience items". For vegetable or fruit selections, subjects will given choices, but the choices are limited to items from the same botanical family. While we do lose some control over dietary composition, the evaluation of this approach was given enthusiastic support during focus group analysis. An example of this modified approach is provided as Appendix C. Other materials developed for the project are provided in Appendix D.

5. Subject recruitment With the completion of the final modifications of the cookbook, we began recruiting for study. During the months of July and August, 2000, sixty subjects have been recruited. The actual intervention will be initiated during September, 2000.

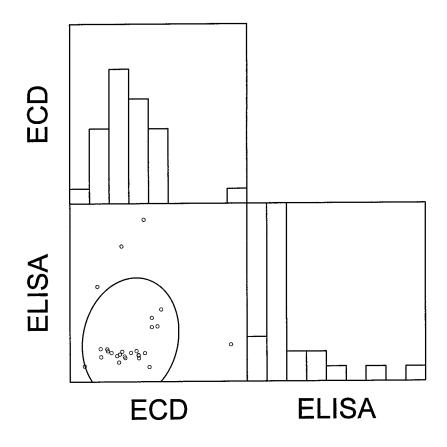
6. Investigation of Oxidative Markers

During the development of the dietary intervention materials, work has been ongoing relative to the markers of oxidative damage that will be assessed during the intervention study. Our progress is summarized in the following paragraphs.

a. Assessment of urinary 8-OHdG As noted in the grant application, we had some concern about the specificity of the ELISA assay for measuring urinary 8-OHdG. Therefore, we decided to compare results obtained using the ELISA method with results obtained by dual column high pressure liquid chromatography with electrochemical detection (ECD). We selected 28 samples for these analyses that were available in large amounts. The results are summarized in the following table.

	ECD	ELISA
N of cases	28	28
Minimum	1.664	1.195
Maximum	7.352	180.585
Mean	3.449	35.447
Standard Dev	1.078	42.676
C.V.	0.313	1.204

These data confirm our preliminary concern. Values determined by ECD are 10-fold lower and significantly less variable than those obtained by ELISA analysis. Moreover, as shown in the following graph, the correlation between these data was low, r^2 =0.11, p=0.5 and not statistically significant. Also note the non gaussian distribution of the ELISA data. For these reasons, urinary 8-OHdG will be evaluated by dual column chromatograph with ECD.



The following paragraphs summarize our current thinking about the assessment of urinary 8-OHdG. We are considering publication of this information.

The limitations of urinary 8-OHdG as a marker for oxidative DNA damage, particularly by use of the Genox ELISA technology, are becoming obvious as research continues. Foremost among concerns about this marker is its uncertain origin. The appeal of urinary 8-OHdG stems from evidence that it occurs in urine after excision from nuclear DNA by repair processes [1], but some portion of excreted 8-OHdG may arise from mitochondrial DNA, cell turnover, or hydrolysis of oxidized deoxyguanosine triphosphate [2-4]. The suggestion that DNA repair contributes significantly to urinary 8-OHdG abundance is questionable, given what is known about DNA repair. It is generally accepted that non-bulky lesions such as 8-OHdG are removed from DNA by base excision repair (BER), as opposed to nucleotide excision repair (NER) [5;6]. The free oxidized base 8hydroxyguanine (8-OHGua), not 8-OHdG, is the repair product one would expect from the glycosylase activity that is characteristic of BER. Although evidence for human endonuclease activity specific for 8-hydoxyguanine and without associated glycosylase activity has been reported [7], and such activity may be expected to generate 8-OHdG as a product, no evidence for this novel human endonuclease has been demonstrated in vivo. 8-OHdG would also be an expected product of nucleotide excision repair, and it has been proposed that NER can remove oxidized guanine from DNA under some conditions [8;9]. However, recent evidence indicates that BER accounts for the vast majority of excision from DNA of oxidized guanine bases, both transcription coupled and in non-transcribed DNA, in mammalian cells [9-11]. This does not necessarily mean that urinary 8-OHdG is without merit as a marker for oxidative damage, but that it is likely not a significant DNA repair product.

Urinary 8-OHdG that originates from mitochondrial DNA, cell turnover, or hydrolysis of oxidized deoxyguanosine triphosphate may still provide useful information on oxidative stress with mutagenic potential[1]. In addition to these concerns, the credibility of urinary 8-OHdG results obtained by use of the Genox assay has been called into question. The assay has been criticized for a lack of specificity and high variability, and we have generated data that is consistent with these shortcomings[12;13]. Analysis of urinary 8-OHGua, the logical choice as a urinary oxidative DNA damage marker given what is known about repair, is complicated by the substantial contribution from dietary sources to urinary 8-OHGua.

Despite the aforementioned limitations, both 8-OHdG and 8-OHG may be informative urinary oxidative indices. 8-OHGua abundance may be a useful marker for oxidative DNA damage if the dietary contribution is minimized and controlled for, and 8-OHdG, while not a DNA repair product per se, may still reflect oxidative stress. We are therefore investigating the use of multicolumn HPLC with electrochemical array detection for dependable analysis of both analytes [14].

b. Assessment of DNA oxidation by the "comet assay"

While there is a strong rationale for the assessment of oxidative DNA damage in lymphocytes via measurement of 8-OHdG, as detailed in the grant application, we recognize that one limitation of this approach is that 8-OHdG represents only one of many DNA oxidation products. Thus, it would be of value to the project to have additional assays of oxidative DNA damage that would complement the analysis of lymphocyte 8-OHdG. For this reason we have evaluated the relationship between lymphocyte 8-OHdG determined electrochemically and the assessment of DNA damage by the comet assay in the absence and presence of two enzymes (endonuclease-III and FPG). This application of the comet assay permits the estimation of DNA single strand breaks, and pyrimidine and purine oxidation. The following data summarize our findings.

Pearson correlation matrix

T Carson Con-						TIDEDOCE
	LYOHDG	BUF		FPGBUF	ENDOBUF	UREPGCT
LYOHDG	1.000					
BUF	-0.163		1.000			
FPGBUF	0.071		0.123	1.000		
ENDOBUF	-0.005		-0.107	0.234	1.000	
UREPGCT	0.064		0.016	-0.081	-0.097	1.000

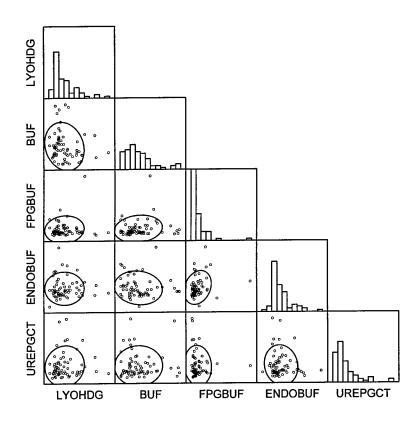
N for each assay=70.

Bartlett Chi-square statistic: 9.552 df=10 Prob= 0.481

Matrix of Bonferroni Probabilities

Watth of Bomerton Floodomices							
	LYOHDG	BUF		FPGBUF	ENDOBUF	UREPGCT	
LYOHDG	0.000						
BUF	1.000		0.000				
FPGBUF	1.000		1.000	0.000			
ENDOBUF	1.000		1.000	0.511	0.000		
UREPGCT	1.000		1.000	1.000	1.000	0.000	

Abbreviations: Lymphocyte 8-OHdG, LYOHDG; alkaline labile single strand breaks, BUF; oxidized purines, FPGBUF; oxidized pyrimidines, ENDOBUF; urinary 8-isoprostane F2-alpha, UREPGCT.



No statistically significant relationship was observed among these oxidative indices. Given that there is an extensive literature that documents the validity of each of these markers, as an index of damage to DNA or lipid, we conclude that each index is contributing information that is unrelated to the information provided by the other markers. Thus, we anticipate that the assessment of all markers is likely to give us the most complete picture of the changes in oxidative status induced by the dietary intervention. To our knowledge, a similar comparison of multiple markers has not been reported in the literature. Given the large N that these data represent, we are considering the preparation of these data for publication.

c. Preliminary analysis of the assessment of protein oxidation

During this reporting period we initiated experiments to assess the feasibility of assaying serum protein oxidation as a cumulative marker for the oxidation of macromolecules. Our rationale is based on the lack of information that exists about rates of formation and repair of oxidized adducts of DNA and lipid. Currently, it is difficult to estimate the timeframe that is represented in the measurement of these adducts, i.e. do they reflect acute exposure to various endogenous and exogenous factors or do they reflect cumulative exposures? We suspect that they may reflect steady sate conditions over relatively short time frames. What would be ideal is an index that reflects cumulative exposures. Some investigators have suggested that protein oxidation may be a accumulative index of oxidative status over time. As with DNA and lipids, many protein oxidation protects have been identified. The experiment reported analyzed levels of ortho-tyrosine and meta-tyrosine in serum protein using GC-MS. This work was done in collaboration

with Dr. Mark Duncan, Director of the University of Colorado mass spectrometry facility in the Department of Pharmacy. The following results were obtained.

Pearson correlation matrix

	OTYRPPM	MTYRPPM	LYOHDG	UREPGCT	URMDACT
OTYRPPM	1.000				
MTYRPPM	0.238	1.000			
LYOHDG	0.137	0.323	1.000		
UREPGCT	-0.028	0.620	0.862	1.000	
URMDACT	-0.541	0.418	0.599	0.738	1.000

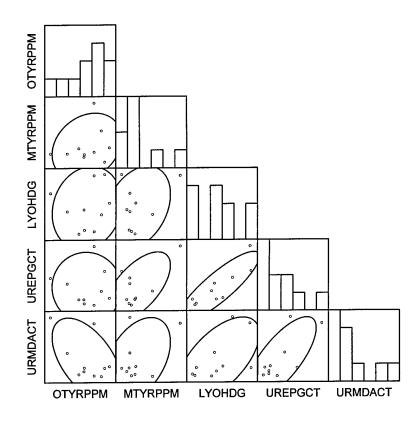
Abbreviations: Ortho-tyrosine, OTYRPPM; Meta-tyrosine, MTYRPPM; lymphocyte 8-hdroxydeoxyguanosine, LYOHDG; urinary 8-isoprostane F2-alpha, UREPGCT; urinary malondialdehyde, URMDACT.

Bartlett Chi-square statistic: 33.075 df=10 Prob= 0.000

Matrix of Bonferroni Probabilities

	OTYRPPM	MTYRPPM	LYOHDG	UREPGCT	URMDACT
OTYRPPM	0.000				
MTYRPPM	1.000	0.000			
LYOHDG	1.000	1.000	0.000		
UREPGCT	1.000	0.557	0.013	0.000	
URMDACT	1.000	1.000	0.674	0.149	0.000

Number of observations: 10



This study was intended as a feasibility study so the N was small. Therefore, most statistical tests have limited power. Nonetheless, positive associations were observed between both measures of DNA oxidation and serum protein oxidation. These results indicate the merit of additional experiments.

Key Research Accomplishments

- Obstacles to adherence to a recipe defined menu low or high in vegetable and fruit intake were identified. Strategies to overcome these barriers were developed, implemented, and tested. This has resulted in a new dietary intervention tool, i.e. a new cook book.
- The determination of 8-OHdG in urine by use of an ELISA assay was found to be unreliable. The use of a multi-column HPLC approach with electrochemical detection gave less variable results.
- The assessment of oxidative DNA damage by several modifications of the comet assay was found to provide information that was correlationally independent of that provided by the assessment of lymphocyte 8-OHdG or urinary 8-isoprostane F2-alpha.
- It is feasible to measure serum protein oxidation and the values obtained correlated positively with a measure of lymphocyte DNA oxidation.

Reportable Outcomes

- Cookbooks were developed and tested.
- Supporting intervention materials were developed and tested.
- An alternative method of analysis of a urinary product of DNA oxidation was identified.
- Assessment of serum protein oxidation was shown to be feasible.

Conclusions During this reporting period work was completed on the development of the intervention cookbook and on further refinement of assays for oxidative endpoints. Recruitment has been completed for the first intervention group with the experiment scheduled to begin in September 2000.

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Appendix A Example of the format of version 1 of the intervention cook book





BREAKFAST

1/3 cup 100% orange juice

1-3/4 cup

Healthy Choice Toasted

Brown Sugar Squares cereal

1 cup

fat-free milk



LYCOPENE SOUP



Prepared by Wild Oats Markets

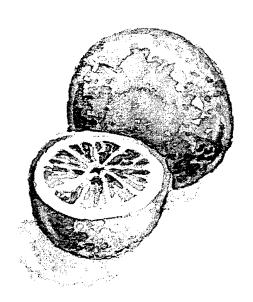
100% whole 2 slices

wheat bread

2 tsp.

butter

Portion you must consume: Lycopene Soup = 1 container Bread = 2 slices Butter = 2 tsp.







* BREAKFAST

ITEM /	+MOUNT	% EATEN	COMMENTS
JUICE			
CEREAL			
MILK			



♦ LUNCH

ITEM	MEASURE	% EATEN	COMMENTS
SOUP			
BREAD	·		
BUTTER		1.500	





* DINNER

TERIYAKI CHICKEN

1 lb.

chicken breast, boneless, skinless, raw

Teriyaki sauce (to cover)

Marinate chicken in the Teriyaki sauce for 2-4 hours in the refrigerator. Remove chicken from the marinade and place in a casserole dish; cover the casserole dish and bake at 350° F for 35-45 minutes, or until done. Uncover for the last 10 minutes to allow chicken to brown. Serves 3.

BAKED POTATO

3/4 medium

potato

2 tsp.

butter

Portion you must consume:

Teriyaki Chicken = 1/3 of recipe

Baked Potato = entire recipe

milk = 1 cup

bread = 2 slices

butter = 2 tsp.

Wash potato well. Puncture with a fork. Place on a microwave-safe dish. Microwave on high for 8-10 minutes or until cooked through. Mix with butter. Serves 1.

1 cup

fat-free milk

2 slices

100% whole wheat bread

2 tsp.

butter



* DINNER

ITEM	AMOUNT	% EATEN	COMMENTS	
CHICKEN				
POTATO				
BUTTER				
MILK				
BREAD				
BUTTER				



Appendix B Dietary intervention evaluation instrument

How many servings of fruits and vegetables do you think a person should eat each day for good 1. health? 6 0 None 7 1 8 2 2 θ 9 🔲 9 3 зθ 10 10 4 11 or more 11 5 5 For guestions 2 and 3, a serving is defined as: a medium piece of fruit 1/4 cup of dried fruit or vegetable • ½ cup cooked or raw fruit or vegetable • 1/2 cup dried peas or beans 1 cup leafy greens 2. How confident are you that you can include 2 servings of fruit at breakfast every day? Not at all confident 1 🔲 2 🔲 Not confident 3θ Neither Confident 4 5 Completely confident How confident are you that you can include 5 – 9 servings of fruits and vegetables in your diet every 3. day? Not at all confident 1 Not confident 3θ Neither Confident 4 Completely confident 5 How confident are you that you could eat more fruits and vegetables every day? 4. 1 🚨 Not at all confident Not confident 2 🔲 3θ Neither Confident 4 Completely confident 5 I already eat enough fruits and vegetables 6 θ

Please feel free to make additional comments on any question.

	wheat toast) in your diet every day?	Ш
	 Not at all confident Not confident Neither Confident Completely confident 	
3 .	How confident are you that you can include leafy greens in your diet every day?	
	1 □ Not at all confident 2 □ Not confident 3θ Neither 4 □ Confident 5 □ Completely confident	
7.	Within your daily routine, how convenient was it to go to Wild Oats to pick up your entrees?	
	 Very inconvenient Inconvenient Neither Convenient Very convenient 	
3.	Once you were at the Wild Oats deli, how easy was the pick-up procedure?	
	1 ☐ Very difficult 2 ☐ Difficult 3θ Neither 4 ☐ Easy 5 ☐ Very easy	
9.	How well did the Wild Oats entrees reheat?	
	1 ☐ Very poorly 2 ☐ Poorly 3θ Neither 4 ☐ Well 5 ☐ Very well	

1	
How easy was it for you to store the food from Wild Oats in your freezer/refriger Very difficult Difficult Neither Easy Very easy How easy was it for you to store the food purchased at the grocery store?	
1 ☐ Very difficult 2 ☐ Difficult 3θ Neither 4 ☐ Easy 5 ☐ Very easy 12. How easy was it for you to store the food purchased at the grocery store?	
2 ☐ Difficult 3θ Neither 4 ☐ Easy 5 ☐ Very easy How easy was it for you to store the food purchased at the grocery store?	erator?
5 U Very easy 12. How easy was it for you to store the food purchased at the grocery store?	
1 ☐ Very difficult	
2 ☐ Difficult 3θ Neither 4 ☐ Easy 5 ☐ Very easy	
13. Did you go out of town during the study?	
1 ☐ Yes 2 ☐ No (go to question 14)	
13a. Did you follow the diet or substitute foods while you were out of town?	
 Followed the diet (answer question 13b, then skip to question 1 Substituted foods (skip to question 13c) Both 	14)
13b. How easy was it to follow the diet while you were out of town?	
 Very difficult Difficult Neither Easy Very easy 	

13c.	Did you receit of town?	ve assistance in making substitutions to your diet from the study staπ while you were out
	1	Yes No
13d.	How easy wa	s it to make substitutions to your diet while you were out of town?
		Easy
	5 🗖	Very easy
14.	Did you atter	d a special event (e.g. wedding, play, banquet) during the study?
	1 - 2 -	Yes No (go to question 15)
14a.	Did you follow	w the diet or substitute foods when you attended the special event?
	1 □ 2 □ 3θ Botl	Followed the diet (answer question 14b, then skip to question 15) Substituted foods (skip to question 14c)
14b.	How easy wa	as it to follow the diet when you attended the special event?
	1 □ 2 □ 3θ Neit 4 □ 5 □	Very difficult Difficult ther Easy Very easy
14c.	Did you rece the special e	ive assistance in making substitutions to your diet from the study staff when you attended vent?
	1	Yes No
14d.	How easy wa	as it to make substitutions to your diet when you attended the special event?
	1 □ 2 □ 3 0 Nei 4 □ 5 □	Very difficult Difficult ther Easy Very easy

Could you stay on the intervention diet for 8 weeks?	
1 No 2 Ves	
If you answered no to question 15, what changes could we make that would help you stay on the intervention diet for 8 weeks?)
	_
16.If you were allowed 2 non-study meals each week and allowed 1 alcoholic beverage per date could you stay on the intervention diet for 8 weeks?	ay
could you stay on the intervention diet for 8 weeks?	ny
could you stay on the intervention diet for 8 weeks? 1 No	ay
could you stay on the intervention diet for 8 weeks?	ny
could you stay on the intervention diet for 8 weeks? 1 No	ny
could you stay on the intervention diet for 8 weeks? 1 No 2 Yes Would holidays falling during the 8 week study prevent you from wanting to participate?	ay
could you stay on the intervention diet for 8 weeks? 1 No 2 Yes	ny
could you stay on the intervention diet for 8 weeks? 1 No 2 Yes Would holidays falling during the 8 week study prevent you from wanting to participate? 1 No 2 Yes	
could you stay on the intervention diet for 8 weeks? 1 No 2 Yes Would holidays falling during the 8 week study prevent you from wanting to participate? 1 No	
could you stay on the intervention diet for 8 weeks? 1 No 2 Yes Would holidays falling during the 8 week study prevent you from wanting to participate? 1 No 2 Yes	
could you stay on the intervention diet for 8 weeks? 1 No 2 Yes Would holidays falling during the 8 week study prevent you from wanting to participate? 1 No 2 Yes	

how likely you would be to follow the diet for 8 weeks if it included the following foods: 1 🔲 2 зθ 4 5 🔲 Eggs: 4 🔲 5 🗖 1 🔲 2 зθ Waffles: 5 🚨 2 4 1 🔲 зθ Pancakes: 2 4 5 зθ Beef: 4 5 2 1 зθ **Luncheon Meats:** 4 🗖 5 🔲 1 🚨 2 зθ Desserts: 5 2 зθ 4 Chocolate/Candy: 1 4 🔲 1 🚨 2 🗖 зθ 5 🔲 Alcohol: Please comment on any additional foods that would help you to follow the diet for 8 weeks:

18. On a scale of 1 to 5, with 1 being "very unlikely" and 5 being "very likely", please indicate

lease tell us what would make the intervention easier for you to follow.		Please to	ell us things you liked and disliked about the first meeting on March 18.	
				
verall, please tell us what you liked about this study.	verall, please tell us what you liked about this study.	ease tell u	is what would make the intervention easier for you to follow.	
verall, please tell us what you liked about this study.	/erall, please tell us what you liked about this study.			
verall, please tell us what you liked about this study.	/erall, please tell us what you liked about this study.			
verall, please tell us what you liked about this study.	verall, please tell us what you liked about this study.			
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verall, please tell us what you liked about this study.	verall, please tell us what you liked about this study.			
verall, please tell us what you liked about this study.	verall, please tell us what you liked about this study.		and the Physical Control of the Cont	
		verall, plea	ase tell us what you liked about this study.	
				
		· · · · · · · · · · · · · · · · · · ·		

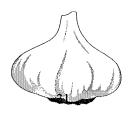
Do you plan to make any changes in your dietary habits as a result of participating in this study? 1 No 2 Yes If you answered yes to question 23, what do you plan to do?				
1 No 2 Yes				
1 ☐ No 2 ☐ Yes				
	1	No Yes		in this study?
	1	No Yes		in this study?

If you were in Group A, answer questions 24 and 25. If you were in Group B, answer questions 26 and 27.

24. On a scale of 1 to 5, with 1 being "dislike indicate how you liked the following foods prepared to the foods	d very in the desired by	much" a y Wild (nd 5 be Oats:	ing "lik	ted very much", please
Lycopene Soup: Broccoli-Mushroom Pasta: Tofu-Parsley Dressing: Springtime Vegetable Stew: Orange-Glazed Sweet Potatoes: Cauliflower Linguine: Orange-Poppy Seed Dressing: Lentil Stew: Garlic Vegetable Stir Fry: Vegetarian Chili: Pasta and Beans with Basil: Mexican Stew: Steamed Carrot, Cauliflower and Apricots:	1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0	2	3 0 3 0 3 0 3 0 3 0 3 0 3 0 3 0 3 0 3 0	4	5
Comments:					
	-				
	-				

25.On a scale of 1 to 5, with 1 being "disliked vindicate how you liked the following recipes from	ery mu om the o	ch" and cookboo	5 being ok:	g "liked	very much", please
Wilted Spinach Pasta Peanut Salad: Banana-Orange Smoothie: Teriyaki Chicken: Pasta and Broccoli Salad: Banana-Raspberry Smoothie: Pepper Crusted Tuna: Blueberry-Strawberry Smoothie: Spinach Salad with Mandarin Orange: Cantaloupe-Banana Smoothie: Shrimp-Avocado Salad: Broccoli and Cauliflower Baked Potato: Cottage Cheese Salad: Cucumber-Green Pepper Salad: Tuna Salad Sandwich:	1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0	2	3 0 3 0 3 0 3 0 3 0 3 0 3 0 3 0 3 0 3 0	4 0 4 0 4 0 4 0 4 0 4 0 4 0 4 0 4 0 4 0	5
Comments:				<u> </u>	
	-				

Thank you!

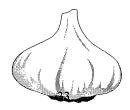


26. On a scale of 1 to 5, with 1 being "disliked indicate how you liked the following foods prepared to the food	d very roared by	nuch" a y Wild (nd 5 be Oats:	ing "lik	ed very much", please
Lycopene Soup: Tofu-Broccoli Stir Fry: Pasta with Herb-Cheese Sauce: Carrots with Cauliflower: Pasta with White Bean Sauce: Risotto de Napoli: Macaroni and Cheese a la Moutarde: Cajun Rice and Red Beans:	1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0	2	3 θ 3 θ 3 θ 3 θ 3 θ 3 θ 3 θ 3 θ	4	5
Comments:					

indicate how you liked the following recipes from the cookbook: 5 1 🔲 2 зθ 4 Teriyaki Chicken: 2 🗖 4 1 🔲 5 Avocado-Pasta Shrimp Salad: 1 🔲 2 зθ 4 5 Broiled Salmon: 2 зθ 4 5 Roasted Quesadilla Ole: 1 🚨 2 зθ 4 5 Pepper Crusted Tuna: 4 5 🔲 1 🔲 2 зθ Spaghetti: Tuna Salad Sandwich: 1 🔲 2 зθ 4 5 🔲 Comments:

27.On a scale of 1 to 5, with 1 being "disliked very much" and 5 being "liked very much", please

Thank you!

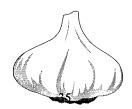


For participants who have participated in a previous Cuisine for Cancer Prevention study:

1.	given an opporthe Informed	study you were provided the Informed Consent document ahead of time and you were prtunity to ask questions about the study individually. In the previous study we discussed Consent document in a group and then you were given a chance to ask individual /hich approach did you prefer?
	1 📮	Preferred individual discussion only Preferred group discussion followed by individual discussion
2.		tudy required 2 meetings, while the previous studies required 3 meetings. Did you prefer tings or 3 meetings?
		Preferred 2 meetings Preferred 3 meetings
3.	studies we m	study we did meet on the Saturday that falls in the middle of the 2 week diet. In previous net on that Saturday to answer questions about the diet and/or share why you chose to the study. Please tell us how you felt about not having the 2 nd meeting during this
4.	The current s	tudy required you to measure your food in cups, while the previous study required you to
	weigh your fo	od. Did you prefer measuring your food or weighing your food?
	1	Preferred measuring the food Preferred weighing the food

ricase tell u	s how you feel about measuring food vs. weighing food.
How convenient participated in	nt do you feel this study was compared to the previous cuisine studies that you have in?
	A lot more inconvenient
	Somewhat more inconvenient
	e same as previous study(ies)
	Somewhat more convenient A lot more convenient
	ou prefer this study with food prepared by Wild Oats or previous studies with foods prepared
at home?	
1 🔲	Preferred this study
2 🗖	
Please tell us	s the reasons for your preference above.

Thank you!



Appendix C Example of final cookbook format

CUISINE for Cancer PREVENTION



A national not-for-profit research institute dedicated to the prevention of cancer and other chronic diseases.

1600 Pierce Street • Denver, CO • 80214 • www.amc.org 1-800-525-3777 Cancer Information and Counseling Line 1-800-321-1557 Research and Foundation Information

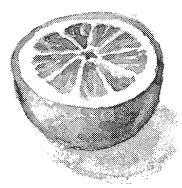


BREAKFAST

You must eat:....1 juice exchange, AND

1 dairy/soy exchange, AND

1 bread/cereal exchange



Juice:1/3 cup orange juice, OR

1/3 cup grapefruit juice, **OR**

1/3 cup tangerine juice

Dairy/Soy: ..1 cup fat-free milk, **OR**

1 cup fat-free fortified soy milk, **OR**

1 cup nonfat yogurt (any flavor)

Bread/Cereal: .. 1 medium frozen waffle (4" diameter) +2 tsp.

butter +1 Tbsp. syrup, OR

1/2 large plain bagel (4" diameter)

+2 Tbsp. cream cheese, **OR**

1 medium English muffin (3-1/2" diameter)

+1 Tbsp. peanut butter, **OR**

2 medium slices white bread +2 tsp. butter

+2 tsp. jelly (any flavor), OR

2/3 cup Post Morning Traditions Great Grains

Crunchy Pecan cereal, OR

1/2 cup Quaker Sun Country Granola

with Almonds cereal, **OR**

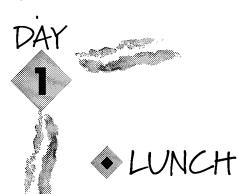
1/2 cup Kellogg's Cracklin' Oat Bran cereal



* BREAKFAST

EXCHANGE	ITEM	AMOUNT	% EATEN	COMMENTS
JUICE EXCHANGE	Grapefruit [
DAIRY/SOY EXCHANGE	Soy Milk [
BREAD/CEREAL EXCHANGE	Butter 1			
	Cream			
:				
	Great Grains Cereal			
	Gırənolə Cereəl			
	Oat Bran Cereal	<u> </u>		





You must eat:....Lycopene Soup, **AND**1 bread exchange

LYCOPENE SOUP Prepared by Wild Oats Markets

Bread:2 medium slices white bread + 2 tsp. butter, OR

12 Keebler Club crackers, **OR**

1/2 large plain bagel (4" diameter) +2 tsp. butter

DINNER

You must eat:....1 meat exchange, AND

1 vegetable exchange, AND

1 dairy exchange, AND

1 bread/pasta/rice exchange

chicken breast, boneless, skinless, raw, OR

1 lb.

salmon fillet, raw, OR

1 lb.

sirloin steak, raw

Teriyaki sauce (optional)

If desired, marinate the chicken, salmon, or sirloin steak in teriyaki sauce for 2-4 hours in the refrigerator. Remove from the marinade and cook as follows:

Note: This entrée is served again for dinner on Day 4 and Day 11. You may wish to freeze these portions or you can make the recipe again for those days.



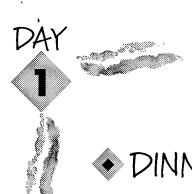
◆ LUNCH

EXCHANGE	ITEM		AMOUNT	% EATEN	COMMENTS
SOUP	Soup				
BREAD EXCHANGE	Bread Butter				
	Crackers				
	Bagel Butter	0			

DINNER

EXCHANGE	ITEM		AMOUNT	% EATEN	COMMENTS
MEAT EXCHANGE	Chicken Salmon Steak	000			
MARINADE (OPTIONAL)	Teriyaki				





DINNER (cont.)

Chicken: bake in covered casserole dish at 350°F for 35-45 minutes, or until done. Uncover for the last 10 minutes to allow chicken to brown. Serves 3.

Salmon: broil for 5-8 minutes, or until done. Serves 3.

Sirloin Steak: broil for 5-8 minutes per side, or until done. Serves 3.

Vegetable: 1/2

medium potato, **OR**

1/2

medium eggplant

2 tsp. butter

Cook as follows:

Potato: Wash well; puncture with a fork. Microwave on high for 8-10 minutes or until cooked

through. Mix with butter. Serves 1.

Egaplant: Slice egaplant into 1/2" strips. Grill or broil until tender. Toss with butter. Serves 1.

Dairy/Soy: ..1 cup

fat-free fortified soy milk, OR

1 cup

fat-free milk, OR

1 cup

nonfat yogurt (any flavor)

Bread:2 medium

slices white bread, OR

1 cup

pasta (any type), OR

1 cup

white rice, OR

2 tsp.

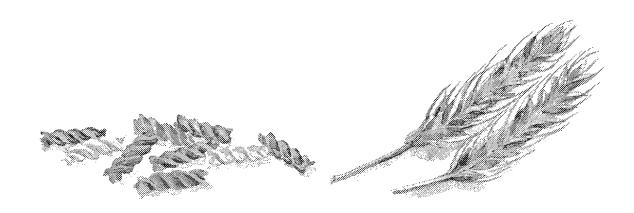
butter





DINNER (cont.)

EXCHANGE	ITEM	AMOUNT	% EATEN	COMMENTS
POTATO/ EGGPLANT EXCHANGE	Potato [Eggplant [
BUTTER	Butter [
MILK/SOY EXCHANGE	Milk [
BREAD/PASTA/ RICE EXCHANGE	Bread [Pasta [Rice	_ _ _		
BUTTER	Butter [ב		



Appendix D Other intervention materials

1.	What is the I	nighest level of education you have completed?		
	1	Grade school Some high school High school graduate Some college College graduate (4-year degree) Post-graduate		
2.	Which of the	se categories best describes you?		
	10 □ 20 □ 30 □ 40 θ 50 θ 60 □	Asian or Pacific Islander Black or African American Hispanic American Indian or Alaskan Native White, Non-Hispanic Other		
3.	Do you live v	vith a spouse or significant other?	₁ ☐ yes	2 □ no
4.		vith adults other than a spouse or significant other, adult children?	₁ ☐ yes	2 🗀 no
5.	Do you live v	vith children under 18 years of age?	1 🗖 yes	2 □ no
6.	Do you live v	vith children 18 years of age or older?	1 🗖 yes	2 🗖 no
7.	How much respon	onsibility do you have for preparing meals?		
	0 □ 1 □ 2 θ 3 θ 4 θ	None Hardly any Some Most All		

8.	How many see health?	ervings of fruits and vegetables do	you think a persor	n should eat each day for good
	0 □ 1 □	None 1	6 - 7 -	6 7
	2 θ	2	8 🗖	8
	3 θ	3	9 🗖	9
	4 📮	4	10	10
	5 🗖	5	11 🗖	11 or more
9. It is	s difficult to ge	et fruits and vegetables when I eat	out in restaurants.	
	1 🚨	Strongly Disagree		
	2 🗖			
	3 🗖	Neither agree nor disagree		
	4 🚨	Agree		
	5 🗖	Strongly Agree		
10. l d	on't know how	v to prepare fruits and vegetables.		
	1 🗖	Strongly Disagree		
	2 🗖	<u> </u>		
	3 🛄	Neither agree nor disagree		
	4 🚨	Agree		
	5 🗖	Strongly Agree		
11.	Over the pas	st month, about how often did you c	Irink 100% orange	juice or grapefruit juice?
	1 🗖	Never (less than once a month)	6 🗖	1 time per day
	2 🗖	1-3 times per month	7	2 times per day
	_	times per week	8 🗖	3 times per day
	4 🔲	3-4 times per week	9 🗖	4 times per day
	5 θ	5-6 times per week	10 θ	5 or more times per day
12.	Over the pas	st month, about how often did you o t fruit juices like Hi-C or Hawaiian F	drink 100% juice o Punch that are only	ther than orange or grapefruit juices? / part juice.
	1 🚨	Never (less than once a month)	6 🗖	1 time per day
	2 🗖	1-3 times per month	7 🗖	2 times per day
		times per week	8 🗖	3 times per day
	4 🗖	3-4 times per week	9 🗖	4 times per day
	5 θ	5-6 times per week	10 θ	5 or more times per day

13.	Over the pas	st month, about how often did you eat g	reen sal	ad w	ith or without other vegetables?
	1 🚨	Never (less than once a month)	6		1 time per day
	2 🗖	1-3 times per month			2 times per day
		times per week	8		3 times per day
	4 🗖	3-4 times per week	9		· · · · · · · · · · · · · · · · · · ·
	5 θ	5-6 times per week		θ	5 or more times per day
	5 0	0-0 times per week	10	Ü	o or more union per day
14.	Over the pas	st month, about how often did you eat f	rench frie	es or	fried potatoes?
	1 🗖	Never (less than once a month)	6		1 time per day
	2	1-3 times per month	7		2 times per day
	3θ 1-2	times per week	8		3 times per day
	4 🔲	3-4 times per week	9		4 times per day
	5 θ	5-6 times per week	10	θ	5 or more times per day
15.	Over the pas	st month, about how often did you eat b	aked, bo	oiled,	or mashed potatoes?
	1 🚨	Never (less than once a month)	6		1 time per day
	2 🗖	1-3 times per month		ā	2 times per day
		times per week	8		
	4 🗖	3-4 times per week	9	ā	4 times per day
	5 θ	5-6 times per week		θ	5 or more times per day
For th	a mediur½ cup of½ cup co	estions, a serving is defined as: n piece of fruit dried fruit or vegetable looked or raw fruit or vegetable ied peas or beans			
	16. salad or j	Over the past month, about how man potatoes?	y serving	gs of	vegetables did you eat not counting
	1 🗖	None (less than one per month)	6		1 per day
	2 🗖	1-3 per month	7		2 per day
		per week	8		3 per day
	4 🗖	3-4 per week	9		4 per day
	5 θ	5-6 per week	10	θ	5 or more per day
17.	Over the pas	st month, about how many servings of f	ruit did y	ou e	at, not counting juices?
	1 🚨	None (less than one per month)	6		1 per day
	2 🗖	1-3 per month	7		2 per day
		per week	8		3 per day
	30 1-2 4 □	3-4 per week	9	_	4 per day
	5 A	5-6 per week		θ	5 or more per day

18.	8. Over the past month, about how many servings of meat, poultry, fish, dry beans, eggs and nuts did you eat? Examples of a serving include 3 ounces of cooked meat, poultry or fish (3 ounces is about the size and thickness of a deck of cards); 1½ cup cooked dried beans; 6 tablespoons peanut butter; 3 eggs; and 1 cup nuts.						
		1		None (less than one per month)	6		1 per day
		2		1-3 per month	7		2 per day
		зθ	1-2 p	per week	8		3 per day
		4		3-4 per week	9		4 per day
		5	θ	5-6 per week	10	θ	5 or more per day
19.				nth, about how many servings of milk cup of milk, 1 cup of yogurt, and 1½ o			
		1		None (less than one per month)	6		1 per day
		2		1-3 per month	7	_	2 per day
				per week	8		3 per day
			<u> </u>		9		4 per day
		5	θ	5-6 per week	10	θ	5 or more per day
20.	Over the a serving small roll,	inc	lude	1 slice of bread; 1/2 cup cooked cerea	ad, cereal	, rice pasta	and pasta did you eat? Examples of a; 1 cup ready-to-eat cereal; and 1
		1		None (less than one per month)	6		1-3 per day
		2		1-3 per month	7		4-6 per day
		зθ	1-2 p	oer week	8		7-9 per day
		4		3-4 per week	9		9-11 per day
		5	θ	5-6 per week	10	θ	12 or more per day
21.	How conf	ideı	nt are	e you that you can include 2 servings	of fruit at	breal	kfast every day?
		1		Not at all confident			
		2		Not confident			
		зθ	Neith	ner			
		4		Confident			
		5		Completely confident			
22.	How conf	ideı	nt are	e you that you can include 5 – 9 servi	ngs of fru	its an	d vegetables in your diet every day?
		1		Not at all confident			
			<u> </u>	Not confident			
		зθ	Neith	ner			
				Confident			
		5		Completely confident			

48

23. How confident are you that you could eat more fruits and vegetables every day?

	2		Not at all confident Not confident
		Neith	er Confident
			Completely confident
			I already eat enough fruits and vegetables
24. How cons		ent are	you that you can include whole grains (brown rice, 100% whole-wheat toast) in your die
	1		Not at all confident
			Not confident
		Neith	er Confident
	4 5		Completely confident
25. How conf	fide	nt are	you that you can include leafy greens in your diet every day?
	1		Not at all confident
	2		Not confident
		Neith	
			Confident Completely confident
	5		Sompletely confident
26. How muc	h d	loes y	our family encourage you to eat fruits and vegetables?
	1		A great deal
	2		Somewhat
	3		Not much Not at all
9	4 97		Not applicable
27. How muc	h d	lo you	friends encourage you to eat fruits and vegetables?
	1		A great deal
	2		Somewhat
	3 4		Not much Not at all
9	97		Not applicable
28. Does you	ır fa	amily	lan to follow the study diet while you are participating in the study?
-		-	1 ☐ Yes 2 ☐ No 997 ☐ Not applicable
			1 4 165 2 4 110 337 4 1101 499104010

1. How many servings of fruits and vegetables do you think a person should eat each day for health?					
	0 🗖	None	6		6
	1 🗖	1	7	_	7
	•	2	8	ā	8
		3	9	_	9
	3 θ		10	_	10
	4 - 5 -	4 5	10		11 or more
	5 🔟	5	,,		T of more
2.	Over the pas	st month, about how often did you drin	k 100% o	range	e juice or grapefruit juice?
	1 🚨	Never (less than once a month)	6		1 time per day
	2 🗖	1-3 times per month	7		2 times per day
	3 0 1-2	times per week	8		3 times per day
	4 🗖	3-4 times per week	9		4 times per day
	5 θ	5-6 times per week	10	θ	5 or more times per day
		- C			, ,
3.	Over the pas Do not coun	st month, about how often did you drin t fruit juices like Hi-C or Hawaiian Pun	k 100% ju ch that ar	iice of e only	ther than orange or grapefruit juices?
	1 🔲	Never (less than once a month)	6		1 time per day
	2 🗖	1-3 times per month	7		2 times per day
		times per week	8		3 times per day
	4 🗖	3-4 times per week	9		4 times per day
	5 θ	5-6 times per week	10	θ	5 or more times per day
4.	Over the pas	st month, about how often did you eat	green sal	ad wit	th or without other vegetables?
	1 🗆	Never (less than once a month)	6		1 time per day
	2 🗖	1-3 times per month	7		2 times per day
	3 0 1-2	times per week	8		3 times per day
	4 🗆	3-4 times per week	9		4 times per day
	5 θ	5-6 times per week	10	θ	5 or more times per day
5.	Over the pas	st month, about how often did you eat	french frie	es or f	fried potatoes?
	1 🗖	Never (less than once a month)	6		1 time per day
	2 🗖	1-3 times per month	7		2 times per day
		times per week	. 8	ū	3 times per day
	4 🔲	3-4 times per week	9	_	4 times per day
	5 θ	5-6 times per week	10	_	5 or more times per day
	5 0	0-0 times per week	10	v	c c. more amore per day

6.	Over the	e past	month, about how often did you eat	baked, bo	iled, d	or mashed potatoes?
	2 3(4		Never (less than once a month) 1-3 times per month imes per week 3-4 times per week 5-6 times per week	7 8 9	0 0 0 θ	1 time per day 2 times per day 3 times per day 4 times per day 5 or more times per day
For the	e followin	ıg que	stions, a serving is defined as:			
			piece of fruit			
		•	dried fruit or vegetable			
		•	oked or raw fruit or vegetable			
	• ½ CI	up drie	ed peas or beans			
	7. sala	d or po	Over the past month, about how manufactures?	ny serving	gs of v	vegetables did you eat not counting
						4 man day
			None (less than one per month)			1 per day 2 per day
			1-3 per month per week		J ()	3 per day
			3-4 per week		ā	4 per day
		θ	5-6 per week		θ	5 or more per day
8.	Over the	e past	month, about how many servings of	fruit did y	ou ea	t, not counting juices?
	1		None (less than one per month)	6		1 per day
		_	1-3 per month		_	2 per day
			per week			3 per day
			3-4 per week	9	-	4 per day
		θ	-	10	θ	5 or more per day
	is at	out th	ou eat? Examples of a serving include	le 3 ounce	s of c	neat, poultry, fish, dry beans, eggs and ooked meat, poultry or fish (3 ounces ked dried beans; 6 tablespoons peanut
	_		Nene (less than one per month)	•		1 per day
	1		None (less than one per month)	6 7		1 per day 2 per day
	2		1-3 per month			3 per day
			oer week 3-4 per week	8 9		4 per day
	4		•		θ	5 or more per day
	5	θ	5-6 per week	10	U	o or more per day

Over the past month, about how many servings of milk, yogurt and cheese did you eat? Examples of serving include 1 cup of milk, 1 cup of yogurt, and 1½ ounces of cheese.								
None (less than one per month) 1 □ None (less than one per month) 2 □ 1-3 per month 3θ 1-2 per week 4 □ 3-4 per week 5 θ 5-6 per week	6 □ 7 □ 8 □ 9 □ 10 θ	1 per day 2 per day 3 per day 4 per day 5 or more per day						
eat? Examples of a serving include 1 slice of br	ead; ½ cup co							
None (less than one per month) 1	6 □ 7 □ 8 □ 9 □ 10 θ	1-3 per day 4-6 per day 7-9 per day 9-11 per day 12 or more per day						
How confident are you that you can include 2 servir	ngs of fruit at b	oreakfast every day?						
1 ☐ Not at all confident 2 ☐ Not confident 30 Neither 4 ☐ Confident 5 ☐ Completely confident								
13. How confident are you that you can your diet every day?	include 5 – 9 s	ervings of fruits and vegeta	bles in					
 Not at all confident Not confident Neither Confident Completely confident 								
How confident are you that you could eat more fruits and vegetables every day?								
 Not at all confident Not confident Neither Confident Completely confident Η lalready eat enough fruits and vege 	tables							
	serving include 1 cup of milk, 1 cup of yogurt, and 1 1 None (less than one per month) 2 1-3 per month 3θ 1-2 per week 4 3-4 per week 5 θ 5-6 per week 11. Over the past month, about how man eat? Examples of a serving include 1 slice of br ready-to-eat cereal; and 1 small roll, biscuit or n 1 None (less than one per month) 2 1-3 per month 3θ 1-2 per week 4 3-4 per week 5 θ 5-6 per week How confident are you that you can include 2 servin 1 Not at all confident 2 Not confident 3θ Neither 4 Confident 5 Completely confident 13. How confident are you that you can syour diet every day? 1 Not at all confident 2 Not confident 3θ Neither 4 Confident 5 Completely confident How confident are you that you could eat more fruit 1 Not at all confident 5 Completely confident	serving include 1 cup of milk, 1 cup of yogurt, and 1½ ounces of control of the	serving include 1 cup of milk, 1 cup of yogurt, and 1½ ounces of cheese. None (less than one per month)					

	wheat to	How confident are you that you can include whole grains (brown rice, 100% whole-oast) in your diet every day?
	1 □ 2 □ 3θ Ne 4 □ 5 □	Not confident either Confident
16.	5 Completely confident How confident are you that you can include leafy greens in your diet every day?	
10.	1 - 2 -	Not at all confident Not confident either Confident
17.	How much does your family encourage you to eat fruits and vegetables?	
	1	Somewhat Not much
18.	How much do your friends encourage you to eat fruits and vegetables?	
	1	A great deal Somewhat Not much Not at all
	4 □ 997 □	Not applicable
19.	997	
19.	997	Not applicable
19.	997	Not applicable ade any changes in your diet since you completed the study diet? Yes
19.	997	Not applicable ade any changes in your diet since you completed the study diet? Yes No
19.	997	Not applicable ade any changes in your diet since you completed the study diet? Yes No
19.	997	Not applicable ade any changes in your diet since you completed the study diet? Yes No
19.	997	Not applicable ade any changes in your diet since you completed the study diet? Yes No
19.	997	Not applicable ade any changes in your diet since you completed the study diet? Yes No
19.	997	Not applicable ade any changes in your diet since you completed the study diet? Yes No